

UNITED STATES EMBASSY KAMPALA

FSN LOCAL EMPLOYMENT FORM

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|---|-------------------------------|-------------------------|-----------------------------------|-----------------------------------|--|
| DATE OF APPLICATION | | | | | PHOTO |
| 1. NAME IN FULL (Enter regularly used surname with other names used following in parenthesis) | | | | | |
| (Last-Surname) | (First-Religious) | (Middle) | | | |
| 2a. PHYSICAL PRESENT ADDRESS AND TELEPHONE No. | | | 3. DATE OF BIRTH (mm, dd, yyyy) | | |
| b. HOME VILLAGE ADDRESS (Parish, County and District) | | | 4. PLACE OF BIRTH (Town, Country) | | |
| 5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 6. HEIGHT Ft. In. | 7. WEIGHT Lbs. | 8. COLOR OF EYES | 9. COLOR OF HAIR | 10a. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED |
| 10b. MAIDEN NAME AND DATE OF MARRIAGE | | | | | |
| 11. PREVIOUS RESIDENCE ADDRESSES DURING PAST TEN YEARS | | | | | |
| DATES | VILLAGE, DIVISION | TOWN | COUNTRY | | |
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| 12a. FULL NAME OF SPOUSE (If wife, maiden name) | | b. DATE OF BIRTH | | c. PLACE OF BIRTH (Town, Country) | |
| d. PHYSICAL PRESENT ADDRESS IN FULL | | e. PRESENT OCCUPATION | | | |
| f. CITIZENSHIP AT BIRTH | | g. PRESENT CITIZENSHIP | | | |
| 13. CHILDREN | | | | | |
| NAME | DATE OF BIRTH | PRESENT ADDRESS IN FULL | OCCUPATION | | |
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| 14a. YOUR FATHER'S NAME | | b. DATE OF BIRTH | | c. PLACE OF BIRTH (Town, Country) | |
| d. PHYSICAL PRESENT ADDRESS IN FULL | | e. PRESENT OCCUPATION | | | |
| f. CITIZENSHIP AT BIRTH | | g. PRESENT CITIZENSHIP | | | |

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| 15a. YOUR MOTHER'S NAME | | b. DATE OF BIRTH | | c. PLACE OF BIRTH (Town, Country) | |
| d. PHYSICAL PRESENT ADDRESS IN FULL | | e. PRESENT OCCUPATION | | | |
| f. CITIZENSHIP AT BIRTH | | g. PRESENT CITIZENSHIP | | | |

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| 16. RELATIVES (Brothers, and Sisters) | | | | |
| NAME | RELATIONSHIP | NATIONALITY | OCCUPATION | PRESENT ADDRESS IN FULL |
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17. ARE ANY OF YOUR RELATIVES OR FAMILY MEMBERS EMPLOYED BY ANY GOVERNMENT IN THE WORLD, OR ANY AGENCY OR EMBASSY OR REPRESENTATIVE OF ANY GOVERNMENT? If so, list name, relationship, agency and agency address. (Parents, Spouse, Children, Step-Parents, Step-Children, siblings, and In-laws) ☐ NO ☐ YES

18. TRAVEL (If you have ever traveled in any other countries give the dates, duration and purpose of such travel.

| COUNTRY | DATES | FROM | TO | PURPOSE |
|---------|-------|------|----|---------|
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19. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY POLICE OR MILITARY AUTHORITY? ☐ YES ☐ NO

20. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF CONSTITUTIONAL FORM OF GOVERNMENT OF THE UNITED STATES OR UGANDA, OR A COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OR FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☐ NO

21. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM A POSITION? ☐ YES ☐ NO

22. REFERENCES. LIST THREE COMPETENT AND RESPONSIBLE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE WHO ARE QUALIFIED TO SUPPLY DEFINITE INFORMATION REGARDING YOUR CHARACTER AND ABILITY.

| NAME | ADDRESS IN FULL | OCCUPATION |
|------|-----------------|------------|
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23. MAY THE EMBASSY CONTACT YOUR PRESENT AND FORMER SUPERVISORS? ☐ YES ☐ NO

PRIVACY ACT STATEMENT
(APPLICABLE ONLY TO APPLICANTS WHO ARE RESIDENT ALIENS OF THE U.S.)

The Foreign Service Act of 1980, as amended, implies the authority to solicit personal information from individuals due to its relevance to the appointment, training, evaluation and assignment processes. This information is used by the Department of State to assist in evaluating your qualifications for employment in the Foreign Service. The information you furnish will be reviewed by authorized persons within the Department of State and other agencies at posts abroad as requested. Failure to answer all applicable questions in this form may delay consideration of your application and could result in your not receiving full consideration for a position in which this information is needed.

CERTIFICATION

BEFORE SIGNING THIS FORM MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND COMPLETELY. A FALSE STATEMENT ON THIS APPLICATION IS CAUSE FOR DISMISSAL OR DENIAL.

I DO SOLEMNLY AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 (Name as usually written and which will be used as official signature)

 Date